

**Lansing Parks and Recreation  
Inflatable Moonwalk with Staff Rental Request**

Today's Date: \_\_\_\_\_

Name, Address and **Phone Number** of Requesting Organization/Individual: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Responsible Agent: \_\_\_\_\_

\_\_\_\_\_

Event Title and Description/Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

Time you would like the inflatable up and running: \_\_\_\_\_ to \_\_\_\_\_

	Resident Use Within City Limits	Non-Resident Use or Resident Use Outside City Limits
Two hour rental	\$150	\$225
Additional Hours____	\$50/each	\$75/each
Total	_____	_____

(Staff will show up before start time to set up inflatable and will take down after the allotted rental time)

I, \_\_\_\_\_, agree to be responsible for the conduct of our group and for damages to the equipment I am renting. I also agree to arrange operation times with Lansing Parks and Recreation staff and to notify the staff of any significant change. I understand that I am responsible for inflatable placement, access to that placement and supplying an ample electrical supply and any complications due to these issues will be my responsibility. I understand that failure to meet any of these obligations may result in charges to cover damaged equipment, cancellation of reservations and denial of any future rental privileges.

\_\_\_\_\_  
Signature of Representative

Amount Due: \_\_\_\_\_

Payment Method (Circle One):

CASH      CHECK(Check #      )      MO (#      )

CREDIT CARD: VISA/MASERCARD (#\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Exp Date:\_\_\_\_)

Billing Zip Code \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Return to: Foster Community Center, Attn: Emily Stevens, 200 North Foster, Lansing, MI 48912  
Phone: 517-483-4293; Fax: 517-377-0179

Refund Policy – 30 Days prior to use, full refund, less \$10 service charge. Within 30 days to use, no refunds. Full refund for inclement weather as long as canceled an hour before event.
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